

THE EUGENICS REVIEW

Editorial Offices: The Eugenics Society,
69 Eccleston Square, London, S.W.1.
(Telephone—Victoria 2091.)

Editor for the Society—Maurice Newfield.

"Eugenics is the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally."

NOTES OF THE QUARTER

THE membership of the Royal Commission on Population will give widespread satisfaction. It includes both experts and representatives of the general public: men and women with special knowledge and those whose experience entitles them to speak for the ordinary citizen. The experts have been most circumspectly chosen from diverse fields, possibly so as to spare their fellow-members the ordeal of hearing them all speak with one voice. They include a historian, a specialist in maternity and child welfare, an eminent economist, a professor of medicine, and one of our most distinguished authorities on population problems. The following members of the Commission or of its technical committees are also Fellows of the *Eugenics Society*, or members of the Population Investigation Committee, or both: Dr. A. M. Carr-Saunders (member of Commission and chairman of Statistical Committee), Sir Hubert Henderson (member of Commission and Chairman of Economics Committee), Professor A. W. M. Ellis (member of Commission and chairman of Biological and Medical Committee), Mr. Eardley Holland, Dr. C. P. Blacker and Dr.

A. S. Parkes (members of Biological and Medical Committee), Mr. S. R. Hobhouse (member of Commission), and Dr. D. V. Glass and Dr. R. R. Kuczynski (members of the Statistical Committee). We can be certain that in a Commission thus constituted questions concerned with the inborn qualities of our population will not be overlooked.

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It may be assumed that the Biological and Medical Committee will attempt to form an opinion on how far our decline in fertility has been voluntary—i.e., the result of contraceptive practices—and how far, if at all, due to an increased prevalence of sterility and subfertility. That some 10 per cent of marriages are involuntarily childless is, of course, common knowledge. The question is whether the proportion is higher now than in the past, and if so, from what causes. Incidentally, it will do no harm to establish the facts before attempting to explain them. In the past few years we have had some most ingenious hypotheses to account for an alleged increase in involuntary sterility, though in fact there is not yet a scintilla of evidence that such an increase has taken place. It is true that gynæcologists whose experience extends over the past quarter of a century have noted a considerable and progressive increase in that part of their practice which has to do with the diagnosis and treatment of sterility. But this of itself does not betoken an increased incidence of sterility; it may simply reflect a growing public awareness of the fact that doctors are not quite as helpless before sterility as they used to be. Even if sterility and subfertility were becoming less prevalent, it is more than probable that the demand for treatment would have risen during and since the between-war years. And the possibility that involuntary childlessness has, in fact, diminished should not be discounted. When

all the alleged causes of increased sterility have been added together—dietetic shortage of vitamin E, the use of artificial manures resulting in so-called “devitalization” of our food, the invention of the internal combustion engine with the consequent increase in the tempo of life—what do they amount to compared with those known causes of sterility, the venereal diseases, which until the outbreak of war were being steadily if slowly wiped out?

Involuntary childlessness is an important problem, social, eugenic and personal. It has, and must always have had, a depressive effect on the birth-rate, and very possibly an adverse effect on the differential birth-rate; and for these good and sufficient reasons it merits the closest attention of the Commission. But there is no reason to think that it will be found to have a close bearing on the problems of *declining* fertility. The birth-rate, which seventy years ago was over 35, has fallen to its present level for one paramount reason—that an increasing number of couples have decided, voluntarily, to limit the numbers in their families. There may have been subsidiary reasons; but this one, the desire for smaller families with an increasing availability of means for its fulfilment, has overshadowed all others.

It will be noted that a distinction has been drawn between means and ends—between contraception and the decision to use it. This distinction, though not absolute, is nevertheless vital to a clear understanding of population problems. Contraceptives are used to serve a predetermined purpose, not simply because they happen to be available. Those who lack this purpose do not use them. It may perhaps be argued that the mere existence of the means may in some cases have created, or at least strengthened, a desire for the end; but even so this would be only one factor in a very complex problem. It will be for the Commission to discover and evaluate the diversity of motives that between them have produced the *demand* for the small family system. In this task it will be much assisted by its technical committees, but we would again urge the desirability of consulting expert psychologists upon the

obscure and often unconscious forces that enter into the decision in favour of or against parenthood.*

* * *

A problem that will almost certainly come before the Biological and Medical Committee is the relation between contraception and sterility. It has often been stated, though never with the support of statistically adequate data, that the continued use of contraceptive devices, even of those recommended by the birth-control clinics of this country and the United States, must eventually lead to chronic inflammatory changes in the cervix and endometrium, and thus to subfertility if not worse. The matter is obviously one for a statistical study such as the Committee is admirably qualified to sponsor or undertake; and it might well consider the technique proposed by Dr. Joan Malleson in a recent correspondence in the *British Medical Journal* (November 6th, 1943, p. 587):

If it appears essential that data on this matter are produced, I am told that the Family Planning Association might be willing to accept the onus. Among its contraceptive clinics there are some hundreds of thousands of case records from which part, at least, of the data could be deduced. Taking multiparous women who have given a history of “no previous methods of contraception used,” the time from the date of marriage to the first childbirth could readily be found. Others who give a history of previous contraceptive methods could, as they attend the clinics, be asked how many months had elapsed since their disuse and subsequent conception. A few hundred records could be collected quite shortly, although the investigation would entail work and expense.

The design of this study might be modified in points of detail, but in essentials it seems very well adapted to its purpose. Assuming that the records referred to do in fact include the required data, all that remains is to secure their analysis by an expert statistician. By providing this service the Committee would settle once and for all a problem that has long been the subject of acrimonious, ill-informed and fruitless controversy.

* A discussion of this aspect of the problem appeared in our last issue, page 53.

In welcome contrast to most of the polemics on the subject the following authoritative statement is a model of lucidity and scientific detachment :*

Dickinson (1938) has not been able to correlate cervicitis or sterility with contraception except in cases in which the devices used were of the intracervical type. In a study made in a British birth-control clinic it was found that of ninety-seven women who stopped using contraceptives because they desired another pregnancy, ninety-six were successful ; this was obviously an exceptionally fertile sample. The conviction of experienced gynæcologists who state that "contraceptive measures in the early days of marriage are inimical to pregnancy later" cannot be completely discounted ; but it does not appear to be supported by any controlled clinical investigations. The available statistical evidence is certainly far from adequate, but what there is favours the view that the contraceptive methods in general use do not adversely affect fertility.

In short we need exactly such evidence as the Biological and Medical Committee could so easily help to provide.

* * *

Eugenic policies sometimes have apparently irreconcilable purposes : to raise the general level of hereditary endowment, but without disregard to the pressing needs of mankind to-day. Often there is nothing to be done but to follow the dictates of our common humanity and as far as possible to palliate the dysgenic consequences by negative eugenic measures. Sometimes there is no real conflict and we can meet the claims of the future while taking good care of the present. It is true that some humanitarian measures are potentially dysgenic, but every well-conceived eugenic measure, without exception, is also humanitarian in the narrower sense of the term. The policies set forth in the *Eugenics Society's* statement of aims and objects could be supported in detail without any reference to their long-term effects. These policies need no other justification than the contribution they offer to

health and happiness here and now. That they are also designed for the betterment of our posterity is but an added reason for adopting them.

In this connexion it is noteworthy that Lord Horder, in his closely-reasoned contribution to the House of Lords debate* on the relief of hunger in the occupied countries, urged that hungry people must be fed for pity's sake, because they are hungry, but also because the effects of hunger reach far into the future. "Prolonged under-nourishment," he said, "leads to diseases of low resistance, the chief one of which is tuberculosis, and to a state of affairs in a race or in a nation which finds its remedy not in that generation, nor even in the next, but possibly in the third. . . . Pregnant women show a drop of 80 per cent in the normal weight gain which should occur to them during pregnancy. Infants at birth, a drop in weight averaging 2.2 lb. Investigations carried out upon students, nurses and hospital personnel reveal an equally striking evidence of malnutrition. . . . The fact of famine, terrible though it is, is far from being our main concern as doctors. We are concerned with this state of prolonged under-nourishment which leads to diseases like tuberculosis and to states of lowered vitality from which recovery can only occur in generations rather than in a lifetime." What it amounts to is that measures for ensuring good feeling all round—by well-directed agricultural policies, by the development of relief organizations such as U.N.R.R.A., by family allowances and other expedients for increasing purchasing power—are also, whatever other motives may inspire them, sound eugenics.

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A large part of the January issue (p. 71) was given over to an analysis by Mr. D. V. Glass of estimates of the future populations of various countries. This is a material of considerable demographic importance, but as its value is questioned by a correspondent (p. 44) it is worth saying something about its purpose and limitations.

First and foremost it must not be regarded as a series of prophecies. Mr. Glass gave this

* Lane-Roberts, C., Sharman, A., Walker, Kenneth, and Wiesner, B. P. (1939) *Sterility and Impaired Fertility*. London. p. 8.

* March 15th.

warning in his opening paragraph, but it is just as well to repeat it here. Failure to differentiate between predictions and hypothetical estimates has resulted in much unwarranted criticism of modern demographic procedures and findings. Thus it is often pointed out that predictions of what our numbers would be in 1942 have already been falsified by events, when, in fact, what were offered were not predictions but only a series of computations based upon available demographic data and using various hypotheses about the continuance or changes in existing trends in fertility, mortality, and migration.

Again, pre-war projections of existing trends into the future did not, and could not, take account of the influence of war on marriage-, birth- and death-rates; and even after the outbreak of war it was too readily, and as it proves incorrectly, assumed that the trends in these rates would follow the patterns which prevailed in the War of 1914 to 1918. In fact some demographers, like some generals, were at first inclined to think of this war in the precise terms of the last. The second warning that must be given, then, is that the estimates set out in Mr. Glass's tables do not, as he was careful to point out, take any account of the possible effects of war. All that they purported to do was to summarize, in a form convenient for reference, the conclusions that might be drawn by the application of various demographic methods from the data and hypotheses defined in the text. That the material shows how large is the inevitable "margin of indeterminateness" in the estimation of future populations is not its least merit.

In spite of these qualifications, however, such estimates have a practical utility that should not be under-estimated. They are, so to speak, material for the demographer's workshop—instruments by means of which he can experiment with various hypotheses and show the trend of population in the transitional period before it reflects the ultimate influence of a given fertility and mortality. For although it is much easier to go directly to the stable population by

using the techniques of Dr. A. J. Lotka, there is no simple way of depicting the details of the intermediate stage. At the same time these estimates provide material for much profitable speculation. If they are based on current fertility and mortality they show what would happen if these conditions remained unchanged. If they extrapolate recent demographic trends they show what would happen if these trends persisted. In either case the results offer valuable guidance as to the urgency with which positive population policies may be needed.

On the wider question of the distribution of world population it is manifestly important to have, for all the major countries, estimates of the changes in the balance of population that would result from certain defined conditions of fertility, mortality, and migration. To some extent the present material provides this information, though the data necessarily suffer from having been prepared at different times, by different methods, and on widely differing sets of assumptions. When skilled personnel again becomes available it may be hoped that standard estimates will be made for all the important countries reflecting the conditions obtaining at the end of the present War, and that such estimates will be revised periodically. The Population Investigation Committee might well give the sponsoring of such computations a high place among its post-war priorities.

* * *

Meanwhile, American demographers have been making their own maps of the shifting stresses of world population, with results that were recently epitomized by Mr. A. A. Berle, the United States Assistant Secretary of State. Mr. Berle's figures are well worth examining, though again with a clear sense that they stand for estimates, not prophecies.

"In our lifetime," he said, "the United States will have stabilized, Western Europe will have stood still—if, indeed, it has not actually begun to decline—and Soviet Russia will be headed for a considerably greater population, which in time will outnumber all of Western Europe combined." Expressing this contrast in round figures, he said that

within the next twenty-five years the United States, which in 1940 had a population of 135 million, might perhaps still be increasing its numbers, though at a much slower rate than at present; Great Britain, with a population of 46 million, will have dropped to 42 million and probably have achieved stability at that figure; Germany, with 69 million, will have dropped to 64 million, and still be diminishing; France, with 41 million, will have dropped to 37 million. On the other hand, the population of Soviet Russia, 175 million in 1940, will have risen to 222 million, and probably be still increasing for long after the twenty-five years to which the estimates are limited.

The future may reveal glaring errors in this population arithmetic, though probably not in the general balance of population forces that it reveals. We shall be a smaller and older population—for the fall in numbers will involve a thinning out of the younger age groups and progressive overcrowding in the groups from middle age onwards—in a period in which the population of Russia is still young and growing. A senescent population will not lack compensations for all that it has lost in adventurousness, enterprise and flexibility of mind and spirit, the prerogatives of impetuous youth. It will be sustained by experience, sober judgment and a high sense of responsibility; it will be disinclined to take risks, but it will also make comparatively few mistakes. In fact, it will have many of the virtues of a good civil servant.

Nor need we assume that the increasing density of population in the highest age groups will necessarily involve much heavier burdens, in the costs of old-age pensions, on the drooping shoulders of youth. The span of working life is lengthening, and with the advance in medicine and developments in geriatrics—now the subject of a survey by the Nuffield Foundation*—is likely to extend

still further. But the postponement of decrepitude, and accordingly of the age of enforced retirement, though it may spare the pockets of youth, will seem at the best a mixed blessing if it adds further obstacles to promotion in industry and the professions. It is a case of “Your money or your career”—and whichever is chosen we shall be, eugenically speaking, the losers. Any development that favours a general raising of the age at marriage—whether by increasing the financial burdens on young people or by limiting their opportunities for advancement—is eugenically undesirable, particularly when the groups most affected are of necessity the skilled and professional workers who take far longer than unskilled and casual workers to reach their full earning capacity.

These are, so to speak, domestic consequences of a falling and ageing population. Obviously they will involve us in knotty problems, but these will be small compared with the problems which must arise from our propinquity and competition with a population that is proliferating rapidly and has a high and possibly rising proportion of young people. We are entitled to hope that before the completion of the 25-year period crabbled age and youth will have learned to settle down together peaceably and with a proper respect for each other's qualities and rights; but we should be showing somewhat less than the wisdom of our ripening years if we allowed this hope to dictate our policy. The only safe assumption is that no people that fails to populate and develop its territories will be allowed to enjoy undisputed possession of them by nations that are pressing exuberantly on the boundaries of their own.

Thus there seems no escape from the conclusion that on grounds of domestic and international policy alike we must so raise

* It was announced on February 25th that the Nuffield Foundation Trustees had appointed a Committee, under the chairmanship of Mr. Seeborn Rowntree, charged with the survey of problems of ageing and care of old people. The object of the survey is to collect and collate as much information as possible on the following matters: the problems, individual, social and medical, associated with ageing and old age; the work being done by public authorities and volun-

tary organizations, and the public and private resources that exist for the care and comfort of old people in Great Britain; the provision made for old people in those countries which have given special consideration to these problems; medical research on the causes and results of ageing; the lines on which action might usefully be taken in the future by public authorities and private organizations, including the Foundation. The special problems involved in people going on working after reaching a pensionable age will undoubtedly come within the scope of the committee's deliberations.

our net reproduction rate as to arrest the decline in our numbers and produce an age-distribution pyramid broadly and soundly based on the younger age groups. It is sometimes suggested that we could achieve the same result by recruiting our population by immigration rather than by stimulating the entrants through the portals of birth. We may indeed agree with the exponents of this view that our country has always gained spiritually from the readiness of its citizens, in spite of the xenophobia that makes people in neighbouring countries distrust each other as foreigners, to give sanctuary and a permanent home to refugees from political, religious and racial persecution; and that it has been enriched by the skills, enterprise and gratitude of its immigrants. But a liberal and enlightened immigration policy, however much to be desired, offers no real solution to our demographic problems. A people must survive by its own vitality, not by inviting transfusions of new blood. It must show the will to live, the will to continue to make its own unique contribution to civilization and culture. And this can only be done by producing itself a healthy and vigorous posterity that will carry on, and enrich, the traditions of its forbears.

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DR. ELIOT SLATER writes :

As an addendum to your tribute (January 1944, p. 51) to the late Dr. Austin Freeman, I should like to add a few words of appreciation of his literary activities, which have made him well known to so many of us. The

delightful personality of which you have written speaks between the lines of all his novels. Perhaps their most attractive feature is the impression one gets of warmth and idealism, of delight in the skilled use of mind and hands, of a realistic appreciation of humanity from the noble to the psychopathically criminal. There are many of us who would not exchange, even for the fogs and fumes of Baker Street, the aroma of the laboratory, of massive legal tomes, of a cheerful fire and fine old Burgundy that pervades 6A King's Bench Walk. Freeman was particularly appreciated by doctors and workers in the biological sciences. He showed an unusually scrupulous regard for the value of evidence and of a scientific approach. In his hands the workmanlike piecing together of a complex problem is more satisfying than, in those of others, three hundred pages of mystification crowned by a shoddy surprise. The need for surprise is the mother of all the faults of the detective story, such as improbability of character drawing, and ill-planned crimes that come off by a miracle of coincidence. Freeman was at his best when he scorned surprise altogether. In such stories as *Pontifex*, *Son and Thorndyke* and *When Rogues Fall Out*, the orderly accumulation and elucidation of the evidence and the partnership of Thorndyke and the reader (in the person of Jervis) appear at their best. The educational value of such works as these is far from negligible. We must all regret that we shall hear no new tales from a storyteller we have grown to love.

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